

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LIM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 09234

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 /

AMENDED FILING

3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name David W Mclin	Name Teamsters Local 703		
	Labor Organization File Number 022-671		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Room 502		
Street 6735 W. Archer Avenue	Street 300 S. Ashland Avenue		
City Chicago	City Chicago		
State Illinois ZIP Ccde + 4 60638	State Illinois . ZIP Code + 4 60607		
5. Position in labor organization. Recording Secretary	\ \frac{1}{2}		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Safeway Inc. Trade Name, if any: Dominicks Finer Foods	Union and Employer Barganing Committee met aprox over 20 times in long negotiating sessions. Food and Beverage of unknown value where made available by the Employer to all participates; Union paid lost time wages of employees (union members) who attended.		
P.O. Box, Bldg., Room No., if any			
Street 4410 Rosewood Drive	7.b. Amount.		
City Pleasanton	S250.00		
State California ZIP Code + 4 94588-3492			
	ature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the		
Signed Nauel W. Mc Zies AMENDED FILING	On 5/15/2006 773-788-0738 Date Telephone Number		
Form LN 20 (2002)			

Name of Person Filing David Mclin		File Number U- 092	234
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or ot of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the busines actively seeking to represent, or indirectly to, or otherwise	ss	
B. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	9. Business deals with: a. Labor Organiz b. Trust c. Employer	ation	
City State ZIP Code + 4]		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dea		
City State ZIP Coce + 4	11.b. Approximate dollar value of interest he		
	12.b. Amount.		
C. Received from any employer (other than an employer covered u or from any labor relations consultant to an employer any payment of mol 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).			
Name			

14.b. Amount of payment.

ZIP Code + 4

or Consultant

?

13.b. Is the Business an Employer

City

State